

CHAPTER 3

SECTION 13.7

CESAREAN SECTIONS

Issue Date: July 27, 1993

Authority: [32 CFR 199.4\(c\)\(2\)\(i\)](#)

I. PROCEDURE CODES

59510; 59515 (ICD-9-CM 74.00-74.99 and 669.7)

II. POLICY

Cesarean sections (C-sections) are authorized when determined medically necessary. When it is determined that a C-section is not medically necessary, no more than the allowance for a vaginal delivery will be cost-shared. In those cases where the procedure is not medically indicated and the patient chooses to proceed with the Cesarean section, reimbursement will be at the DRG rate payable for a vaginal delivery. The primary diagnosis must be changed to a vaginal delivery (ICD-9-CM 650). The related professional claims will be reimbursed at the vaginal delivery rate as well using either CPT code 59400 or 59410. The patient will be responsible for the difference, even in the case of participating providers, as coverage is limited to the amount allowed for the medically necessary procedure.

III. POLICY CONSIDERATIONS

A. Review is currently being provided under the regional review system implemented throughout regional peer review organizations (PROs). Should a post-payment review result in a payment reduction, the following paragraph should be inserted in the recoupment letter:

The Regional Review Center has reviewed this claim and determined that the cesarean section which was performed was not medically necessary. It was done based solely on the patient's request. Cesarean sections are not cost-shared except when they are medically necessary. Therefore, the claim has been adjusted from (for hospital: DRG 370/371 to DRG 372/373/374/375) (for professional claims: 59510/59515 to 59400/59410) resulting in the overpayment of \$_____. The beneficiary is liable for this overpayment and is being advised by copy of this letter. You may bill the patient for the amount of the overpayment.

B. Sample language to be included in the letter to the beneficiary follows:

The enclosed copy of a request for refund to _____ is based on a review of your medical records by the Regional Review Center. Those records indicate that the cesarean section performed during your admission of _____ was not medically

necessary, but was based on your request.

Cesarean sections are not cost-shared except when medically necessary. Therefore, you are liable for the difference between the TRICARE payment for the cesarean section and a vaginal delivery. The amount is \$_____.

Payment of this amount should be made to (hospital/physician's name and address). The hospital/physician is entitled to bill you for this amount.

C. Related issuance.

[Chapter 8, Section 17.1.](#)

- END -